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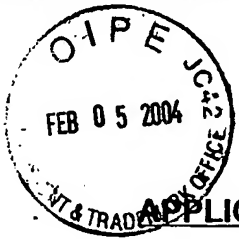
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**APPLICATION DATA SHEET**

**Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Number of copies of CRF:: 1  
Title :: COMPOUNDS AND METHODS FOR  
MODULATING CELL ADHESION  
Attorney Docket Number:: 100086.401C18  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 61  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Orest  
Middle Name:: W  
Family Name:: Blaschuk  
Name Suffix::  
City of Residence:: Westmount  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street of mailing address:: 4998 de Maisonneuve West  
Suite 1520  
City of mailing address:: Westmount  
State or Province of mailing address:: Quebec  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H3Z 1N2

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Barbara  
Middle Name:: J  
Family Name:: Gour  
Name Suffix::  
City of Residence:: Kemptville  
State or Province of Residence:: Ontario  
Country of Residence:: Canada

Street of mailing address:: 2890 Donnelly Drive  
 RR#4  
 City of mailing address:: Kemptville  
 State or Province of mailing address:: Ontario  
 Country of mailing address:: Canada  
 Postal or Zip Code of mailing address:: K0G 1J0

### Third Applicant Information

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Canada  
 Status:: Full Capacity  
 Given Name:: Riaz  
 Middle Name::  
 Family Name:: Farookhi  
 Name Suffix::  
 City of Residence:: Montreal  
 State or Province of Residence:: Quebec  
 Country of Residence:: Canada  
 Street of mailing address:: 4242 West Hill Avenue  
 City of mailing address:: Montreal  
 State or Province of mailing address:: Quebec  
 Country of mailing address:: Canada  
 Postal or Zip Code of mailing address:: H4B 2S7

### Fourth Applicant Information

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: Canada  
 Status:: Full Capacity  
 Given Name:: Anmar

Middle Name::

Family Name:: Ali

Name Suffix::

City of Residence:: San Diego

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 5230 Fiore Terrace #402

City of mailing address:: San Diego

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 92122

### Correspondence Information

Correspondence Customer Number :: 00500

### Representative Information

Representative Customer Number::		00500
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### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-In-Part	10/464,071	6/18/03
10/464,071	Continuation	09/544,782	4/7/00
09/544,782	Continuation-In-Part	09/458,870	12/10/99
09/458,870	Continuation-In-Part	09/357,717	7/20/99

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
09/357,717	Continuation-In-Part	09/248,074	2/10/99
09/248,074	Continuation-In-Part	08/996,679	12/23/97
08/996,679	Continuation-In-Part	08/893,534	7/11/97
08/893,534	Non –Provisional Claiming The Benefit Under 35 USC 119(e)	60/021,612	7/12/96
This application	Continuation-In-Part	10/359,546	2/4/03
10/359,546	Continuation	09/248,015	2/10/99
09/248,015	Continuation-In-Part	08/996,679	12/23/97
08/996,679	Continuation-In-Part	08/893,534	7/11/97
08/893,534	Non –Provisional Claiming The Benefit Under 35 USC 119(e)	60/021,612	7/12/96

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	